



**DAY REGISTRATION**  
**50th Annual Meeting of the Australian Mathematical Society**  
**25 – 29 September 2006**

Please complete this registration form and send it to

AustMS06,  
 c/o Ms Victoria Benning,  
 Department of Mathematics,  
 Macquarie University, NSW 2109.

**Title** – please tick  one **First Name** **Last Name**  
       
 Prof Dr Mr Ms Mrs Other \_\_\_\_\_

**Affiliation and Address** **Phone** \_\_\_\_\_  
 \_\_\_\_\_ **Fax** \_\_\_\_\_  
 \_\_\_\_\_ **Email** \_\_\_\_\_

**Details** – please tick  appropriate boxes and complete the Registration Payment and Tax Invoice form

Day(s) of attendance (no conference dinner):

Monday  Tuesday  Wednesday  Thursday  Friday

Total registration cost: AU \$ \_\_\_\_\_ (AU \$ 100 per day)

Conference dinner for \_\_\_\_\_ people: AU \$ \_\_\_\_\_ (AU \$ 100 per person)

**CHECKLIST** I have included the following forms with this registration form: – please tick  appropriate boxes

Registration Payment and Tax Invoice  Contributed Talk

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_